



NEW HAMPSHIRE VOCATIONAL REHABILITATION (VR)

ASSESSMENT: TIER 2 BUSINESS PROPOSAL PACKAGE (FORM 3 OF 3)

VR Counselors complete the top half of this page and then send the form along with the completed Tier 1 package to an Independent Business Consultant to complete. The purpose of the form is to assist VR in determining the extent to which the plan is viable, requires further action, or is not viable.

VR Counselor (Print): _____ Office: _____

VR Consultant (Print): _____ Date Submitted: _____

VR Customer (Print): _____ Business Name: _____

VR COUNSELOR | FUNCTIONAL ASSESSMENT

1. What is the net income objective for the business venture? _____ Per Month Per Year
2. Is there a limit to how much revenue the venture can generate before affecting receipt of other sources of income? ___ Yes ___ No. If yes, what is the total limit? _____
3. Will the income objectives change over time? ___ Yes ___ No. If yes, when, what are the factors driving the change and what would be the new income objective for the self-employment venture?

4. Please include the following documents as required by the VR [Tier 2 Business Plan Requirements](#) **Enclosed**
 - a) [Tier 2 Business Proposal](#) (Reference Sample Business Proposal, Tier 2 workbook) _____
 - b) Completed exercises from [10 Steps to Venture Success](#) (online forms or workbook) _____
 - c) Completed [Bookkeeping Plan and Agreement](#) _____
 - d) Completed [Tier 2 Project Tracking Agreement](#) (http://www.buzvr.org/pdf/tier2_agreement.pdf) _____
 - e) Completed [Business Readiness Check-List](#) (<http://www.buzgate.org/8.0/nh/checklist.html>) _____

CONSULTANT REVIEW / KNOWLEDGE INSTITUTE (KI) CONSULTANT

The following comments are intended to address the comprehensiveness and feasibility of the Tier 2 Business Plan package as submitted. Once completed, this form and all documents are to be returned to the VR Counselor.

KI Consultant Name: _____ Date Received: _____
(Please print)

I. Professional Profile – Experience, skills and aptitudes needed to make the venture a success

- a. Name / Address / Telephone _____ Yes ___ No ___ N/A ___ AC
- b. Personal experience & related factors supporting success (10 Steps – 2b) _____ Yes ___ No ___ N/A ___ AC
- c. Potential limitations to success / Plans to overcome (10 Steps – 1b, 1c) _____ Yes ___ No ___ N/A ___ AC
- d. Skills and aptitudes supporting success (e.g.: organizational skills, bookkeeping, etc.) _____ Yes ___ No ___ N/A ___ AC

Comments: _____

SECTION COMPLETE: ___ YES ___ NO; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

II. Business Profile – Description of the business operation (10 Steps – 5a)

a. Statement of Purpose

Brief description of business purpose; funding needs (Step 2 Sum) _____ Yes ___ No ___ N/A ___ AC

Comments: _____



b. Description of the business – Type of business, status (start-up / existing), legal form, location, target customers, hours, reasons why business will be profitable (10 Steps – 2d) Yes No N/A AC

Comments: _____

c. Market – Who is the market, present size, growth potential, how will it be competitive & produce a profit (10 Steps – 3a)

(i). Geographic Area – Where will the business be located, why Yes No N/A AC

(ii). Market Analysis – Target market segment, size, growing / declining, data source Yes No N/A AC

(iii). Competition – Identify 4-5 competitors, strengths / weaknesses of each, how / why business will gain market share from these competitors Yes No N/A AC

Comments: _____

d. Marketing Strategy – What is the marketing plan, promotional strategy, advertising, public relations, pricing strategy, how different from the competition? (10 Steps – 3b) Yes No N/A AC

Comments: _____

e. Operations Overview – Tasks/functions, hours, equipment, supplies, inventories Yes No N/A AC

Comments: _____

f. Location / Facility – Where located? Why? Type of facility? Rent / Lease? Cost? Yes No N/A AC

Comments: _____

g. Licenses / Permits – Are any licenses or permits needed? Zoning compliance? Yes No N/A AC

Comments: _____

h. Management – Why / how is principal qualified to run this business? Additional personnel needed? (10 Steps – 4a & 4b) Yes No N/A AC

Comments: _____

i. Uses & Sources of Funds – How much \$ for what? Equipment, inventories, supplies, deposits, prepaid insurance, start-up working capital, contingency reserve (10 Steps – 7 Summary) Yes No N/A AC

Comments: _____

j. Development Schedule – Show chart or time line of critical events, note sequencing; does it all make sense? How long will it take to actually start producing revenues? To reach breakeven? Yes No N/A AC

Comments: _____

k. Summary – What are key elements & why will it succeed? (10 Steps – 5 Summary) Yes No N/A AC

Comments: _____

SECTION COMPLETE: Yes No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____



III. Financial Profile

- i. Projected monthly income and expenses for first 12 months (Start-up and Subsequent Operating Costs) Include Tier 2 Forecasting Model (10 Steps – 6a, 6b) Yes No N/A AC

Comments: _____

- ii. Breakeven Analysis – Calculate at beginning of selling activities (10 Steps – 6c) Yes No N/A AC

Comments: _____

- iii. Cash Flow Analysis – Identify cash flow leads and lags – show impact as additional line on projected income and expense forecast – use Tier 2 Forecasting Model Yes No N/A AC

Comments: _____

- iv. Capital Equipment List – What the business needs to operate – indicate which need to be purchased (same as Uses & Sources) Yes No N/A AC

Comments: _____

- v. Balance Sheet – As of opening day (first day business starts selling) Yes No N/A AC

Comments: _____

SECTION COMPLETE: Yes No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

IV. Summary Statement

- a. Overview of Year 1 projections – Written analysis of how and why the business will work and make a profit – discuss each of the following

- (i). How long to breakeven, including income required for monthly personal needs Yes No N/A AC
(ii). Hours to be worked each week – include any additional labor required Yes No N/A AC
(iii). Contingency plan (e.g.: breakdown of equipment; other delays) Yes No N/A AC

Comments: _____

SECTION COMPLETE: Yes No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

V. Attachments

- a. Completed Business Readiness Check List Yes No N/A AC
b. Completed Tier 2 Business Training Agreement Yes No N/A AC
c. Completed Bookkeeping Plan and Agreement Yes No N/A AC
d. Resume(s) Yes No N/A AC
e. List items to be purchased with NHVR funds (identify model, price, source) Yes No N/A AC
f. Personal Contribution (funds and/or equipment or other resources if applicable) Yes No N/A AC
g. Insurance Policies (if applicable) Yes No N/A AC
h. Licenses / Permits (if applicable) Yes No N/A AC
i. Lease (if applicable) Yes No N/A AC
j. Personal Federal Tax Returns for past 2 years Yes No N/A AC
k. Personal Financial Statement (assets, liabilities, monthly expenses) Yes No N/A AC



Comments: _____

SECTION COMPLETE: __Yes __No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

VI. Entrepreneurial Training

a. Completed Exercises from *10 Steps to Venture Success* __Yes __No __N/A __AC

Comments: _____

SECTION COMPLETE: __Yes __No; IF NO, SEE BELOW

ADDITIONAL TOPICS TO ADDRESS: _____

KI / BUSINESS CONSULTANT RECOMMENDATIONS

- Approved
- Propose Consult with VR Counselor
- Business deemed infeasible
- Approve pending additional requirements (See below)
- Propose further consult with VR Customer (See below)

Additional Requirements: _____

KI Consultant: _____ Date Completed: _____
(Print Name)

Consultant Signature: _____

VR COUNSELOR REVIEW | RECOMMENDATIONS

- Approved
- Propose Consult with VR Counselor
- Business deemed infeasible
- Approve pending additional requirements (See below)
- Propose further consult with VR Customer (See below)

Additional Requirements _____

VR Counselor _____ Date Completed _____
(Print Name)

Signature _____



VR REGIONAL LEADER REVIEW | RECOMMENDATIONS

- Approved
- Approve pending additional requirements (See below)
- Propose Consult with VR Counselor
- Propose further consult with VR Customer (See below)
- Business deemed infeasible

Additional Requirements _____

VR Regional Leader _____ Date Completed _____
(Print Name)

Signature _____

Concord Office: Lisa K. Hatz, M.A., C.R.C., NHVR State Director and VR Field Service Administrator

- Approved
- Approve pending additional requirements (See below)
- Propose Consult with VR Counselor
- Propose further consult with VR Customer (See below)
- Business deemed infeasible

Additional Requirements: _____

Additional Comments: _____

Signature: _____ Date: _____